

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **8119**

FILED MAR 22 1950

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give township) Boonville		c. LENGTH OF STAY (In this place) 25 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Boonville			
d. FULL NAME OF HOSPITAL OR INSTITUTION 625-4th S t.				d. STREET ADDRESS (If rural, give location) 625-4th Street			
3. NAME OF DECEASED (Type or Print) Floyd Valentine Crawford			4. DATE OF DEATH (Month) (Day) (Year) March 13 1950				
5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 20, 1883		9. AGE (In years last birthday) 67	10. UNDER 1 YEAR Days 22 Hours 22 Min.	11. UNDER 1 YEAR Days 22 Hours 22 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. Telephone		10b. KIND OF BUSINESS OR INDUSTRY Telephone		11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Norman Crawford			13b. MOTHER'S MAIDEN NAME Mary Albord		14. NAME OF HUSBAND OR WIFE Lucille Crawford		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 488-07-5776		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lucille Crawford Boonville Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH 2 hours			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Arterio sclerosis about				10 years			
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Kid. Basal Metabolism minus 22				1/22			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 29, 1947 , to Mar 13, 1950 , that I last saw the deceased alive on Jan 31, 1950 , and that death occurred at 8:30 P m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W.E. Stone M.D.				23b. ADDRESS Boonville Mo		23c. DATE SIGNED Mar. 15, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 16, 1950		24c. NAME OF CEMETERY OR CREMATORY Green Lawn		24d. LOCATION (City, town, or county) (State) Springfield, Mo.	
DATE REC'D BY LOCAL REG. Mar 15-1950		REGISTRAR'S SIGNATURE D. Cooper		25. FUNERAL DIRECTOR'S SIGNATURE GOODMAN & BOLLER		ADDRESS BOONVILLE, MO.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

RECEIVED MAR 20

District Health Officer No. 8,

District File Number

Filed 3-21-50

MAY 5 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

myself

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____

Walter E. Moyer

Licensed Embalmer No. *4481*

P. O. Address *Boonville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.